



**REQUEST FOR COPY OF STUDENT RECORDS**

*St. James School is requesting a copy of the following student's records for consideration for enrollment. Please email a copy of the records to [infosjs@stjameswo.org](mailto:infosjs@stjameswo.org) or fax to 513-741-5312. Thank you.*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Current School \_\_\_\_\_

Address of Current School \_\_\_\_\_

City, State & Zip of Current School \_\_\_\_\_

Phone # of Current School \_\_\_\_\_

Fax # of Current School \_\_\_\_\_

As the parent/guardian, my signature authorizes the release of student records to the school named above. The material provided is to be used for educational placement and will be maintained with all due safeguards as provided by the laws of "Rights and Privacy", and will become part of the individual's education file subject to review by parents and other persons authorized under the law.

The following information, as marked, is requested:

- Permanent Record Card       Attendance Reports       Discipline Records
- Current Year Report Card       Health Records       ETR (if applicable)
- Court Records       Psychological Records
- IEP/ISP/Accommodation Plan/504 (if applicable)
- Standardized Test Scores including IOWA's, CoGats, and any state testing

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_